AIDS TOOLKITS

How to use this toolkit…

This toolkit aims to assist Government Ministries or Departments to develop a sector-specific response to the HIV/AIDS epidemic. The toolkit is intended to facilitate the incorporation of HIV/AIDS issues into existing planning processes.
The following general issues should be considered when using the toolkit:

Active commitment by leadership
- Active commitment by leadership is essential to support the process of planning and implementing an effective response to HIV/AIDS. Whoever uses this toolkit should place the commitment of leadership high on their agenda (the Minister, Permanent Secretary and/or Directors).

Prioritisation of activities
- Activities must be prioritised because of the complexity of the impacts of HIV/AIDS. Responses must not be delayed unnecessarily while full details of all impacts are obtained. Data collection should be prioritised to provide the information that is most important and feasible to collect within immediate constraints. For example, to enlist leadership commitment and allow for initial planning, ballpark figures and readily available data may be appropriate. However, for more detailed planning, more detailed data collection may be required. Responses will need to be prioritised according to expected impact, and the consequences of not responding.

This document is one in a series of pamphlets targeted at Government Ministries.

The aims are:
- to assist priority sectors to identify areas where they are vulnerable to the impacts of HIV/AIDS.
- to suggest specific steps that can be taken.

Expert assistance
- Expert assistance of people with specialist knowledge of HIV/AIDS and planning skills is essential to ensure adequate understanding of HIV/AIDS impacts and effective response planning.

Generic issues
- Some of the issues covered by the toolkit need to be considered by all Government Ministries.
- The four accompanying documents are generic, and apply to all Ministries. These are:
  1) *Understanding HIV/AIDS*
  2) *Why HIV/AIDS is a Government Issue*
  3) *HIV/AIDS and Ministry Employees*
  4) *Planning Tools*.
- These should be used by the Ministry of Housing in conjunction with this document as indicated in the steps that follow on page 2.
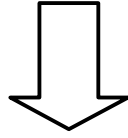
The full Toolkit range:
Generic:
- Understanding HIV/AIDS
- Why HIV/AIDS is a Government Issue
- HIV/AIDS and Ministry Employees
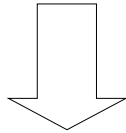- Planning Tools

Ministry and/or Department:
- HIV/AIDS and Agriculture
- HIV/AIDS and Education
- HIV/AIDS and Finance
- HIV/AIDS and Health
- HIV/AIDS and Housing and Public Works
- HIV/AIDS and Labour
- HIV/AIDS and Welfare

*Below is a diagrammatic chart
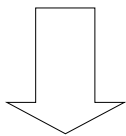of the steps described in this toolkit.*

Step 1:
Understanding HIV/AIDS impacts in wider society,
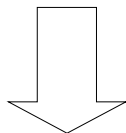and the role of Government Ministries

Step 2:
Identify internal impacts within
the Ministry or Department

Step 3:
Identify external impacts that
influence Ministry functions

Step 4:
Identify appropriate action responses

Combined result:
A sector-specific impact assessment
and response to HIV/AIDS

Step 1:
Understanding HIV/AIDS impacts in wider society, and the role of Government Ministries

The HIV/AIDS epidemic presents a major challenge to developing countries. A first step in formulating a response to the epidemic is to understand the basic facts about HIV/AIDS and the role of Government Ministries. There are several features of HIV/AIDS which make it different from other diseases, and which need to be understood in order to formulate appropriate responses. Most transmission of HIV is preventable. Although 'technical solutions' such as making blood supply safe and treating other STDs (sexually transmitted diseases) are important to reduce the risk of transmission, it is also important to address social and economic factors that predispose to high risk situations. While there is no cure for AIDS once a person is infected with HIV, some of the impacts of the disease can be mitigated with prompt treatment.

Information contained in the accompanying document *Why HIV/AIDS is a Government Issue*, includes the following:
- Why HIV/AIDS is a critical issue for any organisation.
- Reasons for government involvement.
- How can governments respond?

The HIV/AIDS epidemic is more than just a health issue. Social and economic impacts within Government Ministries and in wider society necessitate government involvement both internally and externally. Typical HIV/AIDS impacts on organisations that will affect the functioning of Government Ministries include increased absenteeism, lower productivity, higher costs of labour, and skills shortages. Externally, appropriate responses within a Ministry's spheres of influence and responsibility are critical to slow the rate of new infections and to help manage the impact of existing infections. In many areas, legal and policy responses by Government Ministries are able to play a pivotal role in managing the epidemic.

The accompanying document *Understanding HIV/AIDS* includes the following information:
- What is HIV/AIDS?
- How is HIV transmitted?
- What are some of the important features of the HIV/AIDS epidemic?
- Is there any evidence that preventation programmes work?
- Is there prospect of a cure for HIV/AIDS?
- Is HIV/AIDS a manageable condition?
- Useful Internet resources.

Step 2:
Identify internal impacts within the Ministry or Department

Identifying internal impacts involves understanding the extent and consequences of infections among Ministry or Departmental employees. These may severely compromise the ability of any organisation to deliver, but the effect may be particularly pronounced in Government if it lacks flexibility to respond to new pressures. The impact of employee infections will be particularly severe for Ministries in the social sector, such as Education, or Health, because of the multiplier effect of personnel infections. For example, for every teacher infected, the education of some 20-50 learners will be affected. However, the loss of key personnel in any Ministry may adversely affect the functioning of that Ministry, with a ripple effect in wider society.

Experience and research show that a Ministry's vulnerability to employee infections depends on several key areas. Step 2 of this toolkit has been designed to help guide collection of data for identifying the extent and nature of impacts of employee infections in these key areas.

Areas to consider by Ministries include the following:
- Numbers of HIV infected employees
- Absenteeism and productivity
- Recruitment and training
- Morale
- Benefits
- Gender
- Capacity to respond

Some of these areas of vulnerability may be the ultimate responsibility of a central body, such as the Ministry of Public Service Administration, and individual sectors should liaise with this Ministry.

The accompanying document *HIV/AIDS and Ministry Employees* provides an overview of areas of vulnerability to employee infections and flags data that may be needed fully to appreciate impacts.

The types of assessment needed depend on the purpose for which the data are to be used.

In the accompanying document *Planning Tools*, Chart 1 provides examples of assessments that may be appropriate, as well as suggested indicators.

Step 3:
Identify external impacts that influence Ministry functions

Step 3 invites you to consider external impacts of HIV/AIDS on the Ministry of Housing. These are ways in which HIV/AIDS in the wider community may impact on key goals and activities of the Ministry, and how the Ministry may play a critical role in stemming the spread of the epidemic. Some external impacts may already be experienced, but many will be felt fully only in the medium- to long-term.

The type of impact assessments and responses that are appropriate will depend on the context, in particular the stage of the epidemic and the extent to which resources have already been mobilised around HIV/AIDS.

For example:

- Is there a high rate of new HIV infection?
- Are there already substantial numbers of people ill with AIDS? What is the current size of the AIDS epidemic?
- Are regional-level HIV prevalence data and regional-level HIV projections available for use in planning?
- What priority policy areas have been identified where resources may be used most effectively, and what further data or analysis are needed to enhance the effectiveness of these?
- Are appropriate and regularly up-dated HIV/AIDS workplace policies in place in the sector?
- To what extent are the Ministry of Housing, employer organisations and trade union bodies already mobilised and committed to dealing with the epidemic?
- Have sector-specific strategies to respond to HIV/AIDS been prepared?

Defining the core functions and priorities of the Ministry will be essential to prioritising areas of concern. These are the issues that are expressed in strategic plans and senior management discussions. The challenge of HIV/AIDS should be assessed, guided by the following key questions for each Ministry function and priority:

Key questions for Ministry priorities:
- How does this function or service impact on the spread of HIV?
- How will HIV/AIDS in wider society impact on this function or service?

All relevant stakeholders should be involved in planning impact assessments and identifying appropriate responses. The items in the next section provide a general idea of the scope of the impact on typical Ministry of Housing functions:
- Development and management of public facilities:
  (a) Health care facilities
  (b) Educational facilities
  (c) Orphanages and child care centres
  (d) Mortuaries, burial space and crematoria
- Projected housing needs
- Employment creation and working conditions in construction
- Education and training for town-planners, architects and allied disciplines
- Finance and subsidies
- Policy and legislation

Review the examples of the type of assessment you may need fully to appreciate impacts in these areas.

Suggested indicators are given in Chart 2 in the document *Planning Tools*.
- Complete a similar chart for areas that are relevant to your Ministry.
- Tick those areas where data may be useful for motivation or planning within your Ministry.

Development and management of public facilities

(a) Health care facilities

The greatest burden on public facilities will be felt by health facilities. In addition to increased numbers of people requiring care, the age profile of the patient population will change. There will be a shift in types of care required, for example

from in-hospital care to care involving day centres, HIV/AIDS-specific centres or hospice type facilities. There will also be increased demands on service elements associated with medical facilities such as hazardous waste disposal and pharmaceutical dispensing. Migration as a result of HIV/AIDS illness will increase the burden on facilities in particular areas, while other facilities may be under-utilised. These factors may have implications for the numbers, size and design elements of facilities. Impacts on migration and on demography, as well as care policies and programmes will have implications for the optimal location of facilities.

- Are there current or planned public works and development projects that may need to consider the demographic impacts of HIV/AIDS?
- Is there opportunity for reviewing what features of health care facilities may be most appropriate for changed needs and demands as a result of HIV/AIDS? Is there opportunity for reviewing specifications for the design of built forms once appropriate features have been identified?

(b) Educational facilities

AIDS deaths in young children, as well as increased pressure on household resources in AIDS-affected households, will lower the number of school entrants and school attendees over time. The size of this impact depends on interventions to reduce mother-child transmission of HIV, and the success of interventions targeting vulnerable communities. Many children may be kept out of school because they are needed as carers at home, or because households lack resources when breadwinners get sick or die. Death and sickness in families and among friends will affect many learners' morale, socialisation and performance. Large numbers of orphans and HIV-infected young children may have particular needs. HIV/AIDS may also have the effect of increasing teacher-pupil ratios, as AIDS deaths occur in the teaching profession. These factors may have implications for design of facilities to ensure these can respond to changing pressures, for example, there may be increased needs for sick-bays in schools, modifications for wheelchair access and flexible classroom sizes.

- Is there opportunity for reviewing what features of educational facilities may be most appropriate for changed needs and demands as a result of HIV/AIDS? Is there opportunity for reviewing specifications for the design of built forms once appropriate features have been identified?
- Can the location and planning of public facilities be sensitive to HIV/AIDS impacts on numbers of learners, and possible migration as a result of HIV/AIDS impacts? For example, location, size and design of educational facilities and recreational facilities may need to take into account welfare policies and plans for housing and care of orphans.

(c) Orphanages and child-care centres

There is already an enormous increase in numbers of orphans in all countries with severe and advanced AIDS epidemics. Existing facilities and structures for care of vulnerable children will rapidly become over-burdened, and assessments may need to be made of the feasibility of these facilities catering for far greater numbers of children than had been originally intended. Re-cycling of existing unused buildings may need to be fast-tracked to keep up with demands for shelter. Many orphans may be at risk of HIV, through high-risk sexual activity, particularly if this becomes a survival strategy for these children. The built form of orphanages and child-care centres may need to be modified to cope with large numbers of children ill with AIDS.

- Does any policy or legislation in the Ministry unnecessarily delay or hinder the use of unused buildings for shelter and care? Can policies and legislation be streamlined to facilitate appropriate use of existing resources?
- Is there opportunity for reviewing specifications for the design of orphanages and child-care centres, so that these can cope with large numbers of young children, some of whom may become ill with AIDS?

(d) Mortuaries, burial space and crematoria

Several countries with advanced HIV epidemics report difficulties coping with demands for mortuaries, burial space and crematorium facilities. While the size of the demand for these services does not increase, demand is brought forward. The Ministry may need to re-visit criteria for land use allocation, and put monitoring mechanisms in place to ensure timely expansion of these facilities.

- What are future demands for burial space and crematoria likely to be? How can this assessment be co-ordinated across relevant local authorities?

Projected housing needs

In almost all countries with severe and advanced AIDS epidemics, the population is experiencing slowed growth, and in some situations, negative population growth is predicted. Thus in the long-term, the numbers of housing units needed may be reduced compared to a no-AIDS scenario. However because of enormous backlogs, most countries will still experience the provision of adequate housing as an extremely important challenge. Adequate shelter and sanitation

provision will become increasingly important to enable people affected by AIDS to cope with the impact of the epidemic in their households. It will also be essential to support policies which may be adopted by Ministries of Health, which emphasise care and support of persons with AIDS in their own homes, rather than in hospitals. Home-based care strategies will obviously fail if people do not have homes. Further, there may be greater needs for low-cost housing as HIV/AIDS illness pushes more households into a lower income bracket. In cases where employers provide housing for workers, depending on tenure arrangements, conflicts may occur if workers with AIDS continue to occupy houses, while replacement staff also need to be housed.

- Adjust projections of housing units needed taking into account AIDS-related mortality and migration patterns.
- Modify economic-specific projections to reflect the changing economic circumstances of the thousands of households whose resources will be depleted by AIDS.
- Local projects may consider incorporating assessments of whether HIV/AIDS illness and changed household composition are likely to have any effect on the type of housing required, or the type of tenure arrangements appropriate.
- Where housing is linked to employment, re-visit tenure policy and legislation to ensure they balance the need to provide adequate protection for AIDS sufferers with sustainability of company housing.

Employment creation and working conditions in construction

Some major construction projects have inadvertently contributed to the spread of HIV through large-scale use of migrant labour. Migrant labourers may be exposed to high-risk situations, and themselves may spread HIV to local communities. The Ministry may have a role in helping reduce these risks by ensuring that policies and tender documents encourage construction firms to use local labour where feasible, to assess HIV-vulnerability of projects and to implement prevention and education strategies where large scale movement of migrant workers is unavoidable. The benefits available to casual labour may also need exploration, as many of these workers may already be at high risk, and have inadequate benefits.

- What are the points of entry and current initiatives in Ministry policy-making and legislation where HIV risk through construction projects can be minimised?
- Can it be made mandatory for any state-supported construction projects to demonstrate

proper attention to strategies to minimise high-risk behaviour and to conduct HIV prevention and education?
- Do working conditions ensure adequate job protection for HIV-positive workers and workers with HIV-related illness?
- What is the effect of casualisation of labour on risk factors for HIV and on HIV incidence?

Education and training for town-planners, architects and allied disciplines

The features of the HIV/AIDS epidemic which require consideration in planning and design are likely to remain important for many years to come, and may even intensify. It may be appropriate for the Ministry to encourage higher education training institutions to include HIV/AIDS considerations in training courses.

- How can higher institutions be supported and encouraged to include HIV/AIDS considerations in training?

Finance and subsidies

In some countries, finance and subsidies are available for low-cost housing. AIDS mortality among the client base and economic impacts of AIDS on construction firms may increase the number of defaulters on loan agreements. Increased dependency ratios because of deaths of economically active adults and increased costs in caring for sick relatives may mean many households cannot afford loan repayments.

- What are the likely HIV/AIDS impacts on current and future loan portfolios?
- Quantify the extent of the liability of the Department of Housing/Public Works where this is relevant.
- Review household subsidy allocation in the light of HIV/AIDS scenarios and objectives.
- Review forms of delivery, financing and tenure to ensure these are appropriate to sustain housing in the context of greater dependency ratios e.g. this may require developing or reexamining institutional policy and process in the context of HIV/AIDS.

Policy and legislation

Do any current or planned policies and legislation related to the sector:

- Increase or decrease the rate of spread of HIV infection?
- Provide adequate protection against discrimination for the increasing numbers of people infected or affected by HIV/AIDS?
- Require adaptation to meet new challenges to implementation because of HIV/AIDS?

Step 4:
Identify appropriate action responses

Responses in areas of internal impact

Responses to internal impacts involve preventing new infections among employees and reducing impacts of existing infections.

Key questions for Ministries are:
■ How can employee infections be prevented?
■ What can be done about the impacts of existing employee infections, and future infections that are not avoided?

Actions that can be taken by Ministries include those related to:
■ Prevention of new infections
■ Absenteeism and productivity
■ Recruitment and training
■ Morale
■ Benefits
■ Gender
■ Capacity to respond

Where actions are the ultimate responsibility of a central agency, such as a Department or Ministry of Public Service and Administration, the Ministry of Housing should liaise with this agency.

The accompanying document *HIV/AIDS and Ministry Employees* provides an overview of some possible responses.

All key stakeholders must be encouraged to identify and plan projects related to particular action responses. It is important to prioritise responses that are most critical and feasible in your specific situation.

Examples of types of responses or projects that may be undertaken are provided in Chart 3 of the accompanying document *Planning Tools.*

Responses in areas of external impact

Responses to external impacts include those aimed at assisting the Ministry to continue to achieve goals and fulfil its functions in the context of changed needs in society. It also shows how the Ministry can take action to reduce HIV spread.

As for the impact assessments described in Step 3, the type of responses needed will be guided by the Ministry's core functions and priorities at a particular time. The challenge of HIV/AIDS should be assessed, guided by the following key questions for each Ministry function and priority:

Key questions for Ministry priorities:
■ How can these services impact on HIV spread in the wider community?
■ What can be done about the impacts of HIV/AIDS on these sector functions?

The items in the next section provide a general idea of the scope of possible responses by Ministries of Housing. Some responses may actively address impacts, while others may include more detailed research and planning of specific issues. It is important to prioritise responses that are most critical and feasible in your specific situation. Appropriate participation of key stakeholders is likely to be important for effective prioritisation and buy-in.

Review each of these areas of action and consider which may be relevant to your Ministry.

Suggested indicators are given in Chart 2 in the document *Planning Tools.*

■ Complete a similar chart for areas that are relevant to your Ministry.
■ Tick those areas where data may be useful for motivation or planning within your Ministry.

Development and management of public facilities

■ Identify current or planned public works and development projects where HIV/AIDS impacts may be significant, and use impact assessments to modify planning.
■ Identify which features of health care facilities, educational facilities and orphanages are best able to respond to changed needs and demands as a result of HIV/AIDS.
■ Review specifications for the design of buildings for public institutions to encourage the features identified above.
■ Ensure that the location, size and design of facilities take into account welfare policies and plans for housing and care of orphans, expected migration and demographic impacts of HIV/AIDS.
■ Review and streamline policy that may unnecessarily hinder the recycling of unused buildings for shelter and care or orphans.
■ Incorporate projections of AIDS deaths in planning mortuaries, burial space and crematoria facilities or encourage this action across relevant local authorities.

Projected housing needs

- Adjust projections of housing units, taking into account AIDS-related mortality and migration patterns where appropriate.
- Modify economic-specific projections where necessary.
- Find ways to encourage local projects to identify useful features of houses or tenure arrangements in the context of high HIV prevalence and altered household composition.
- Revise tenure legislation if necessary to ensure it balances the need to provide adequate protection for AIDS sufferers with sustainability of company housing.
- Ensure that production components are appropriate for meeting HIV/AIDS needs.

Employment creation and working conditions in construction

- Implement strategies to maximise HIV prevention initiatives through construction projects. Ensure that tender documents, policy documents and contract documents emphasise the need for
  - provision of health education messages to workers
  - provision of health education messages to local communities
  - condom provision
  - treatment of sexually transmitted diseases
  - specify increased use of local labour rather than migrant labour, where this is feasible.

- Ensure that working conditions in construction provide adequate job protection for HIV-positive workers and workers with HIV-related illness.
- Put HIV/AIDS on the agenda of public-private partnerships.

Education and training for town-planners, architects and allied disciplines

- Encourage higher institutions to include HIV/AIDS considerations in training.
- Mobilise resources to develop appropriate training.

Finance and subsidies

- Take steps to limit the liability of the Ministry of Housing/Public Works or other institutions to defaulters on loan agreements if this is relevant.
- Modify household subsidy allocation in the light of HIV/AIDS scenarios and objectives if appropriate.
- Modify forms of delivery, financing and tenure to ensure these are appropriate to sustain housing in the context of greater dependency ratios e.g. this may require developing or reexamining institutional policy and process in the context of HIV/AIDS.

Is it appropriate for the Housing Ministry to mobilise the Housing sector in any of the above areas of response?

Appendix 1:
Examples of data that may be useful to drive sectoral AIDS responses

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- In one study, it was demonstrated that firms took, on average, 8 times longer to replace a deceased professional than a skilled worker.
- Several best practice examples of HIV prevention and management responses relevant to Agriculture have been described in: *Best practices. Company actions on HIV/AIDS in Southern Africa,* Loewenson R with Michael K, Whiteside A, Hunter L and Khan N. OATUU,

supported by UNAIDS, February 1999.

These include:
- An HIV prevention programme targeted at employees of a parastatal water supply company in Botswana.
- An intervention to manage industrial relations issues raised by HIV/AIDS in the Botswana Power Corporation.